

This Report Pertains to ST VINCENT CHARITY MEDICAL CENTER (13002)

Notes:

(1) Reporting for Claims Received from 01MAY18 thru 31MAY18

(2) This Report Produced on 02JUL18 From Extract Created 30JUN18

Board	Batch	CS	PS	Claims	Quantity	Billed Amount	Allowed Amount	Co-Pay Amount	Other Carrier Amount	Withhold Amount	Net Amount
CUYAA	18A000001	D	F	8	29.0	\$2,844.68	\$2,844.68	\$0.00	\$0.00	\$0.00	\$0.00
<i>CUYAA</i>				8	29.0	\$2,844.68	\$2,844.68	\$0.00	\$0.00	\$0.00	\$0.00
<i>G.TOT</i>				8	29.0	\$2,844.68	\$2,844.68	\$0.00	\$0.00	\$0.00	\$0.00